

For Commission Use Only:

Case: 04-0639

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

## FORMAL COMPLAINT

Illinois Commerce Commission  
527 E. Capitol Avenue  
Springfield, Illinois 62701

ORIGINAL

Regarding a complaint by (Person making the complaint):

MARY MONTBOMERY

Against (Utility name):

Commonwealth Edison

As to (Reason for complaint):

DISCONNECTION OF ELECTRIC SERVICE

in Lockport Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

P.O. Box 243-Lockport, IL 60441

The service address that I am complaining about is

327 W. OAK AVE.-Lockport, IL

My home telephone is

(815) 736-4282

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(815) 736-4282

(Full name of utility company)

Commonwealth Edison

(respondent) is a public utility and is subject

to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes

☐ No

Has your complaint filed with that office been closed?

☒ Yes

☐ No

CHIEF CLERK'S OFFICE

2004 OCT 20

ILLINOIS  
COMMERCE  
COMMISSION

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

Attached in letter w/ proof

Please clearly state what you want the Commission to do in this case:

Included in attached letter

Date: 10-18-04  
(Month, day, year)

Complainant's Signature Mary H. Montgomery

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

#### VERIFICATION

A notary public must witness the completion of this part of the form.

I, Mary H. Montgomery, first being duly sworn, say that I have read the above petition and know what it says.  
The contents of this petition are true to the best of my knowledge.

(Signature) M. H. Montgomery

Subscribed and sworn/affirmed to before me on (month, day, year) 10-18-04

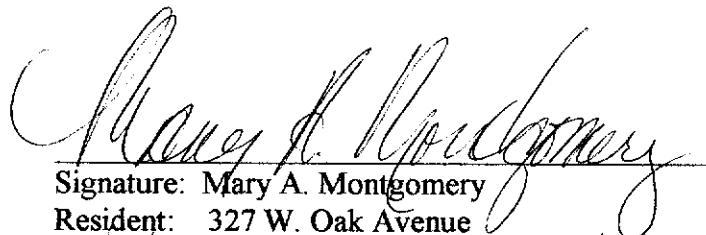
[Signature]  
Notary Public, Illinois



**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.

## Affidavit

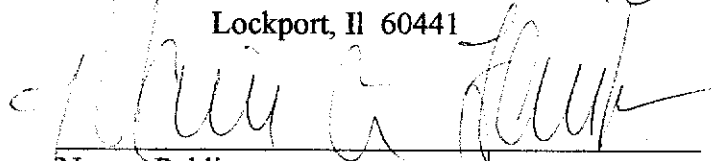
This Affidavit is to specify the aforementioned emergency and affirm that no person will be prejudiced.



Date: October 16, 2004

Signature: Mary A. Montgomery

Resident: 327 W. Oak Avenue  
Lockport, IL 60441



Date: 10-18-04

Notary Public

